

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000045376

Entity Name: ARUN P. RAO, M.D., PLLC

Current Principal Place of Business:

9919 MENANDER WOOD CT
ODESSA, FL 33556

Current Mailing Address:

9919 MENANDER WOOD CT
ODESSA, FL 33556 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULECAS, JAMES F ESQ
1968 BAYSHORE BLVD
DUNEDIN, FL 34698 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name RAO, ARUN P MD
Address 9919 MENANDER WOOD CT
City-State-Zip: ODESSA FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARUN RAO

MGR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date